



Gary Herbert  
Governor

Keith Squires  
Commissioner

# State of Utah

DEPARTMENT OF PUBLIC SAFETY  
DRIVER LICENSE DIVISION

**FAX FORM TO: 801.964.4499**

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Director

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**Date:** \_\_\_\_\_

## Hearing Request

**I would like to request a hearing regarding my DUI arrest.**

\_\_\_\_\_  
**Full Name:**

\_\_\_\_\_  
**Driver License #:**

\_\_\_\_\_  
**Phone Number:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**City, State & Zip Code:**

\_\_\_\_\_  
**Date of Birth:**

\_\_\_\_\_  
**Date of Arrest:**

\_\_\_\_\_  
**Citation Number:**

\_\_\_\_\_  
**County of Arrest:**

\_\_\_\_\_  
**Attorney:**

\_\_\_\_\_  
**Attorney Address:**